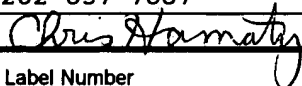


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 112063	Total Pages
First-Named Inventor or Application Identifier Justin Che-I Chuang et al.			
		Express Mail Label No.	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 45] <small>(preferred arrangement set forth below)</small> Descriptive title of invention Cross References to Related Applications Statement Regarding Fed sponsored R&D Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 9] 4. Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small> 5. <input checked="" type="checkbox"/> Incorporation by reference (useable if Box 4b is checked) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies <div style="text-align: center; margin-top: 10px;"> ACCOMPANYING APPLICATION PARTS </div> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS <small>Statement (IDS)/PTO-1449 Citations</small> 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, <small>Statement(s) Status still proper and desired</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other :	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No: 08/846,712			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)	
		or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworesky		
ADDRESS	AT&T CORP. P.O. Box 4110		
CITY	Middletown	STATE	New Jersey
COUNTRY	United States of America	ZIP CODE	07748-4801
		FAX	732-957-5505
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Christopher J. Hamaty	Reg. #	37634
TELEPHONE	202-857-7887		
SIGNATURE			DATE
"Express Mail" Mailing Label Number		Date of Deposit	
I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C., 20231			
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_____ (Signature of Person Mailing Paper)			

FEE TRANSMITTAL

Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.

Complete if Known

Application Number	
Filing Date	January 11, 2000
First Named Inventor	Justin Che-I Chuang et al.
Examiner Name	
Group/Art Unit	
Attorney Docket No.	IDS 112063 (2455-4376US1)

TOTAL AMOUNT OF PAYMENT	\$906.00
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METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	13-4503
Deposit Account Name	Morgan & Finnegan LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance
2. ☒ Payment Enclosed - Deposit Account
☐ Check
 ☐ Money Order
 ☐ Other
FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	690	Utility Filing Fee	\$690.00
106	310	Design Filing Fee	
107	480	Plant Filing Fee	
108	760	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) \$690.00

2. CLAIMS ☒ New Filing ☐ Amendment

	Total	Ind.	Extra Claims	Fee from below	Fee Paid
	32	- 20 =	12	x 18 =	216.00
	3	- 3 =	0	x =	
Multiple Dependent Claims					

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	78	Independent Claims in excess of 3
104	260	Multiple Dependent Claims
109	78	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$216.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after to Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1360	Extension for reply within fourth month	
128	1850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1210	Petition to revive - unintentional	
142	1210	Utility issue fee (or reissue)	
143	430	Design issue fee	
144	580	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property(times number of properties)	
146	760	Filing a submission after final rejection(37 CFR 1.129(a))	
149	760	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$0.00

SUBMITTED BY

Typed or Printed Name	Christopher J. Hamaty
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Complete (if applicable)

Reg. Number	37634
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Signature

Chris Hamaty

Date

1-11-00

Deposit Account User ID

Attorney's Initials:
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Docket No. *IDS 112063 (2455-4376 2651)*

Applicant: *Justin Chuang and Nelson SOLLENBERGER*

Application No.
Filing Date *January 11, 2000*

- | | |
|--|---|
| <input checked="" type="checkbox"/> Specification <i>31</i> # of Pages | <input type="checkbox"/> Assoc./Power of Attorney |
| <input checked="" type="checkbox"/> Claims <i>13</i> # of Pages | <input type="checkbox"/> Assignment |
| <input checked="" type="checkbox"/> Abstract <i>1</i> # of Pages | <input type="checkbox"/> Recordation Form Cover Sheet |
| <input checked="" type="checkbox"/> Drawings <i>9</i> # of Sheets | <input type="checkbox"/> IDS (Information Disclosure Statement) |
| <input checked="" type="checkbox"/> Formal | <input checked="" type="checkbox"/> Oath and Declaration (<i>copy</i>) |
| <input type="checkbox"/> Response to O.A. (Type) | <input type="checkbox"/> PTO 1449 Form with references |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input checked="" type="checkbox"/> Preliminary Amendment |
| <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Transmittal Letter <input checked="" type="checkbox"/> Fee Transmittal Form |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief | <input type="checkbox"/> Letter to Official Draftsman |
| <input type="checkbox"/> Other | <input type="checkbox"/> Extension of Time |
| <input type="checkbox"/> PCT Request Form | |
| <input type="checkbox"/> PCT Demand Form | |
| <input type="checkbox"/> PCT Invitation to Correct | |

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